FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000020404 (6) PLASTIC DEPOT, INC. Principal Place of Business Mailing Address 5722 S. FLAMINGO RD. 5722 S. FLAMINGO RD. COOPER CITY FL 33330-3206 COOPER CITY FL 33330 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1995 02/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0582204 Not Applicable 26 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζıp Country Country 8. This corporation has liability for intangible tax under s. 199.032, Ves No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent B1 Name ROTH, MITCHEL W 2020 N.E. 163RD ST. Street Address (P.O. Box Number is Not Acceptable) **SUITE 300 B3** NORTH MIAMI BEACH FL 33162 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Signature, typical or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE 1.1 TITLE Change Addition Till.E FELDMAN, STEVEN NAMi 1.2 NAME CR2E034 121 BEGONIA WAY SPREET ADDRESS 1.3 STREET ADDRESS **COOPER CITY FL 33026** 1.4 CITY - ST - ZIP CITY - ST - ZIF DVS DELETE Change Addition 1171.6 2.1 TITLE FELDMAN, CHARLES NAME 2.2 NAME 450 N.E. 210TH CIRCLE TERR. STREET ADDRESS 2.3 STREET ADDRESS **NORTH MIAMI BEACH FL 33179** 2. 4 CITY-ST-ZIP CHY-ST-ZIP DELETE ☐ Change Addition TRUE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CHY-SI-75 DELETE Change Addition THE 41 TITLE NAM: 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CRY-SI-Zir 44 CITY-ST-ZIP DELETE Change ___ Addition THE 5.1 TITLE 5.2 NAME STREET ACROPESS 5.3 STREET ADDRESS C:1Y - ST - 20P 5.4 CITY-ST-ZIP DELETE Addition Change THE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS C(1) ST - 20P 14. It do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or on an appear with an address.

SIGNATURE: Of the Jeldman Of Steven Feldman 3/25/97 305-944-2190

Phone # **0288091**